

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580290

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
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12		/				
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20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		2				
29		/				
30		/				
31		/				
32	/					
33		/				
34		/				
35		/				
36		/				
37	Missing					
38		0				
39		0				
40		0				
41		0				
42		0				
43		0				
44		/				
45	/					
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	47	←		←		←
TOTAL CLAIMS	50					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
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89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98	/					
99		/				
100		/				
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	46	←		←		←
TOTAL CLAIMS	50					

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CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
104		/				
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147						
148						
149						
150						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	4	←		←		←
TOTAL CLAIMS	5					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						